1993WW37988

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE FIORIDA

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CENTRAL FLORIDA FITNESS, INC.			
SUBJECT: CENTRAL FLORIDA FITNESS, INC. (Name of corporation)			
DOCUMENT NUMBER: P93000037988			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Susan S. Hustead (Name of contact person)			
Corporate Counsel Group LLP (Firm/Company)			
4144 Pennsylvania Avenue (Address)			
Kansas City, MO 64111 (City/state and zip code)			
For further information concerning this matter, please call:			
Susan S. Hustead at (816) 410-7204 (Name of contact person) (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399			

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Fi	Florida
1. The name of the corporation: CENTRAL FLORIDA FITNESS, INC.	
The principal office address: 1580 North McMullen Booth Road	
Clearwater, FL 33759	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/24/1993 Document number: PS	93000037988
The name and street address of the current registered agent and registered office on file wit Florida Department of State:	h the
Douglas K. Pearson	西蒙
203 38th Avenue North	ARY SSE
St. Petersburg, FL 33704	严
6. The name and street address of the new registered agent (if changed) and /or registered official (if changed):	STATE ORIDA
Robert A. Buchanan II	
1580 North McMullen Booth Road	:
(P.O. Box NOT acceptable)	•
Clearwater, FL 33759	_
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so
(Signature of an officer or director) Robert A. Buchanan II, Vice 7 (Printed or typed name and to	itie)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and com of my duties, and I am familiar with and accept the obligation of my position as registered accument is being filed merely to reflect a change in the registered price address, I hereby corporation has been notified in writing of this change.	plete performance lagent. Or, if this y confirm that the
(Signature of Registered Agent) January 23 2005 (Date)	

If signing on behalf of an entity:

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *